

## Application for Professional Assistance Grant

1. Name of Tribe or Alaska Native Village/Corporation

2. Applicant's Mailing Address

3. City

4. State

5. ZIP Code

6. DUNS Number

7. Name of Tribe's Chief Executive/Authorizing Official

8. Business Phone of Chief Executive/  
Authorizing Official

9. Name of Project Director ☐ Mr. ☐ Ms. ☐ Dr.

10. Business Phone of Project Director

11. Affiliation of Project Director (name of library, school, etc.)

12. Project Director's Mailing Address

13. City

14. State

15. ZIP Code

16. FAX Number of Project Director (if available)

17. E-mail Address of Project Director (if available)

18. Institutional Profile:

- Number of hours open per week
- Number of library staff
- Number of circulation transactions per year
- Number of holdings (books, subscriptions, media)
- Does the library have access to the Internet?
- Does the library provide public access to the Internet?
- Amount of operating budget for library services in most recently completed fiscal year

Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**PLEASE TURN PAGE FOR NARRATIVE QUESTIONS**

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED OR ON A SEPARATE SHEET OF PAPER (ONE SHEET OR LESS):**

19. Describe the type of assessment you are requesting. Will the assessment be an overall assessment of library operations or an assessment of a specific activity/service? How is the assessment appropriate to the library's needs?

20. Please submit the name and attach a copy of the resume of a consultant, or indicate if you would like information on identifying a consultant.